

**Electronic Patent Application Fee Transmittal****Application Number:**

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**Filing Date:**

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**Title of Invention:**

Herbal Extract for Renal Disorders

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**Attorney Docket Number:**

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**U.S. National Stage under 35 USC 371 Filing Fees****Description****Fee Code****Quantity****Amount****Sub-Total in  
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Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Miscellaneous:</b>				
Request for continued examination	1801	1	810	810
<b>Total in USD (\$)</b>				<b>810</b>